Community College Technical Internship

Application Cover Sheet 2015-2016 Program Year

The information provided in this form will be used to match students with potential internship employers associated with the CT Space Grant Program. Participating companies will receive copies of this information.

Complete Industrial Internship Application will consist of:

1. **CC Technical Internship Application Cover Sheet**
2. **Narrative**
3. **Resume/Curriculum Vitae**
4. **One Letter of Recommendation**
5. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0
6. **Grant Verification**
7. **Application Contact/Demographic Information**

**Note:** Refer to the student Request for Proposals for full detail of submission requirements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Investigator (PI) | | | | | | | |
| Name:  Mr.  Ms.  Mrs. | | | |  | | | |
| School |  | | | | Major |  | |
| Previous Space Grant Awards (Please list all; include title/date) | | |  | | | | |
| U.S. Citizen | | Yes | Expected Year of Graduation | | | |  |
| Academic Advisor | | | |  | | | |
| Advisor Email | | | |  | | | |
| Internship (Please Check One) | | | | Summer  Part-Time Academic Year | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Print Name | | | | | | | |

|  |
| --- |
| *Optional:* Please Indicate Companies you are interested in (Check all that apply) |
| UTC  Sikorsky Aircraft  Carrier  OTIS  Connecticut Invention Convention  Dymotek Corp.  Connecticut Corsair  Doncasters Group  CCAT  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please list all)  Desired Geographical Area/ Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Institutional Certification |
| Signatures below certify that the applicant’s institution approves of this application and acknowledges an understanding that if this proposal is awarded, the institution will need to enter into a sub-contract between itself and the University of Hartford before any NASA CT Space Grant Consortium funds can be disbursed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  Advisor Signature Date    Please Print Name |